

Zip s

Zero to age 21: Information
Promoting Success for Nurses
working with Kansas Kids

NOVEMBER 2004

Obesity in Kansas

Background

The prevalence of obesity among adults in Kansas has increased by almost 70 percent since 1992. More than one in five adult Kansans are now obese and almost three in five are at least overweight.

Nationally, the number of children who are obese also has been increasing.

According to the National Heart, Lung and Blood Institute, an estimated 97 million Americans are overweight or obese. These conditions increase the risks of hypertension, high cholesterol, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems and cancers of the endometrium, breast, prostate gland and colon.

Burden and Cost of Obesity and Overweight

• Prevalence of Overweight and Obesity in Kansas adults:

In 2003, prevalence of Overweight and Obesity (body mass index ≥ 25 kg/m²) among adults ages 18 years and older in Kansas was 60.5 percent, i.e., 1,184,000 adult Kansans have unhealthy weight as they are either overweight or obese. This estimate shows that almost two thirds of the adult Kansas population is either overweight or obese. *Source: 2003 Behavioral Risk Factor Surveillance System (BRFSS), Office of Health Promotion, Kansas Department of Health and Environment.*

• Prevalence of Overweight and Risk of Overweight among Kansas Adolescents:

11 percent of adolescents in grades 6-12 are overweight (body mass index $\geq 95^{\text{th}}$ percentile for age and sex).
13.6 percent of adolescents in grades

6-12 are at risk of overweight (body mass index $\geq 85^{\text{th}}$ percentile but less than 95^{th} percentile for age and sex). *Source: 2002-2003 supplemental questions on Kansas Youth Tobacco Survey.*

• Prevalence of overweight and risk of overweight among children served by the WIC program:

For the WIC population (below 185 percent Federal Poverty Level) BMI is collected on children ages 2-5. For the year 2003, we had data on 27,076 Kansas children.

12.6 percent of young children are overweight (BMI $>95^{\text{th}}$ percentile for age and sex).

16.0 percent of young children are at risk of overweight (BMI 85^{th} - 95^{th} percentile for age and sex).

11.7 percent of young Asian/Pacific Islander children are overweight (BMI $>95^{\text{th}}$ percentile for age and sex).

Over the last 10 years there has been a dramatic increase in obesity among young children in the WIC program. Ten years ago, the BMI for all 2-5 year old WIC children was only 5.8 percent (BMI $>95^{\text{th}}$ percentile for age and sex).

Source: PedNSS, 2003

• Number of preventable Deaths due to Obesity:

At the National level, it was estimated that in 2000, 400,000 deaths, i.e., 16.6 percent of total U.S. deaths were attributable to poor diet and physical activity. The estimate for deaths due to overweight (overweight accounts for major impact of poor diet and physical activity on mortality) in 2000 for the U.S. was estimated as 385,000. Overweight here is defined as body mass index ≥ 25 kg/m² i.e., it includes persons who are overweight or obese.

Based on national estimate of 16.6 percent of the total deaths as the percentage attributable to the deaths due to overweight and obesity, and data for total

Welcome to ZIPS: Zero to Age 21: Information Promoting Success for Nurses working with Kansas Kids. We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback, and suggestions. Also, note that previous months' issues of the ZIPS can be found at: <http://www.kdhe.state.ks.us/c-f/zips/>

Contents	Page
Zips	1
Perinatal: Conception-Birth	2
Child Health: Age 0-9	3
Adolescent Health: Age 10-21	4
Public Health	5-6
School Health	7
Events and Resources	8-9



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(Continued on page 5)



Zeroing in on the Centering Approach to Pregnancy.

The Centering approach to pregnancy is a program in which pregnant women meet with one another to share, support and experience their pregnancies. Groups of women with similar due dates meet with one another in a group after an initial assessment in the clinic once a month for the first four months, then biweekly for the duration of their pregnancy and into the postpartum period. As the women come into the group, they are engaged in various self-care activities such as the routine recording and measurement of blood pressure and weight. Further, they are encouraged to listen to their baby's heart tones, check uterine growth and discuss problems or concerns they might have in conjunction with a practitioner. A professionally trained leader and one who is knowledgeable about issues in pregnancy facilitates the groups. The women are encouraged to share in discussions surrounding topics dealing with pregnancy, childbirth, parenting and personal growth. The Centering Pregnancy Program is all about empowerment focusing on the needs of these women and supporting and encouraging their growth as persons who are the centers of their children's lives. For more information on this topic, go to: <http://www.centeringpregnancy.com>

Baby-Friendly Hospital Initiative. The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. The BFHI assists hospitals in giving breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies and gives special recognition to hospitals that have done so. In addition, there are over 18,000 maternity facilities world-wide

with the designation of Baby-Friendly Hospitals through recognition by national health authorities in the various nations where these facilities reside. In the United States of America, the national authority designated to confer this status to maternity facilities is Baby-Friendly USA. Why is this initiative so important? It is estimated that billions of dollars a year can be saved through the reduction in the number of hospital admissions, physician consultations, medications, treatments, etc. from diarrhea and extended cases of otitis media alone. Further, research has shown that the benefits of exclusive breastfeeding decrease the incidence of both diarrhea and otitis media in infants and young children as well as numerous other health benefits. For more information on this important initiative, go to: <http://www.babyfriendlyusa.org>.



Crisis Brewing in the Availability of OBGYN's.

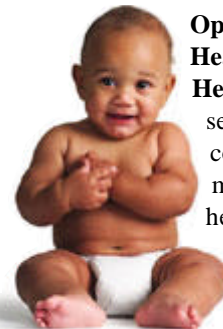
A little known crisis among the availability of OBGYN's who deliver babies is rapidly developing all across this country. At least 23 states are on ACOG's list of states on red alert status in terms of disruption of obstetrical services. This is up from 16 states who made this same list two years ago. The driving force behind this situation is the out of control medical liability suits with concomitant increases being seen in the amount that OBGYN's pay out each year for malpractice insurance. The fact that the number of OBGYN's are decreasing (those in current practice as well as those senior medical students who apply for OBGYN slots in universities) directly affects women's access to appropriate gynecologic care and a source to deliver their babies. Further, the skyrocketing cost of medical malpractice claims have caused the entire health care system concerns in the form of increased costs for health care. In answer to this problem, ACOG continues to monitor the situation and actively pursues legislation aimed at capping non-economic damages and other national reforms to aid in ending the medical liability insurance crisis. Some states are in the process of pursuing legislation in these areas and will

continue to be monitored by ACOG as well. For more information, go to: http://www.acog.org/from_home/publications/press_releases/nr08-26-04.cfm



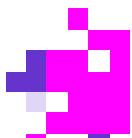
Pediatric Health and Nutrition Programs: The Gerber Foundation.

The mission of the Gerber Foundation is to enhance the quality of life of infants and young children in nutrition, care, and development. The foundation provides funding for national programs that have a significant impact on issues facing infants and young children. While there is no geographic limitation to the foundation's grant making within the United States, the foundation primarily supports projects of national or regional impact. For more information visit: <http://www.healthinschools.org/grants/ops198.asp>



Open Wide: Oral Health Training for Health Professionals

is a series of four self-contained online modules designed to help health and early childhood professionals working in community settings (e.g., Head Start and WIC staff) promote oral health in the course of promoting general health for infants, children, and their families. Topics include tooth decay, risk factors for tooth decay, and prevention of tooth decay; oral health risk assessment and oral health screening; and anticipatory guidance for parents. Each module includes an overview, learning objectives, key points, a self-assessment quiz, online resources, and an evaluation form. A glossary and a list of presentations, print materials, and videotapes are also presented. The modules are available at <http://www.mchoralhealth.org/OpenWide/>.



Exceptional Parent Magazine has been in business for 33 award-winning years providing information, support, ideas, encouragement & outreach for parents and families of children with disabilities, and the professionals who work with them. This is the Web site for the magazine: <http://www.eparent.com>



As early childhood educators, we realize that play is a vital component of any early childhood program. Listed below you will

find a non-comprehensive list of resources that deal with play in the context of various topics in early childhood:

- Play in the Lives of Children
- Early Communication Games
- Transdisciplinary Play-Based Assessment and Intervention
- Game Play (Therapeutic Use of Childhood Games)
- Einstein Never Used Flash Cards
- Play and Imagination in Children With Autism
- DLM Early Childhood Express
- Play in Practice
- The Word in Play; Language
- Infant-Preschool Play Assessment Scale
- Family-Guided Activity-Based Intervention for Infants & Toddlers
- The Brain: Our Universe Within
- Play, The Seed of Learning
- Growing and Learning in Preschool
- Talking and Play, Language is the Key
- Phonemic Awareness Songs & Rhymes, Fall

If you would like further information on this subject, please contact: Tammie Benham Coordinator or Helen Erickson Assistant Coordinator at: Early Childhood Resource Center: 2601 Gabriel, Parsons, Kansas 67357. 800.362.0390 ext.1651 or 620.421.6550 ext.1651, resourcecenter@ku.edu, <http://www.kskits.org/ecrc/index.html>



Preventing Childhood Obesity: Health in the Balance presents a comprehensive national strategy for preventing overweight and promoting healthy weight in children and

adolescents. The report examines the nature, extent, and consequences of overweight in children and adolescents, including the social, environmental, and dietary factors responsible for its increased prevalence. The report and a series of fact sheets about the study findings are available at: <http://www.iom.edu/report.asp?id=22596>

The Kansas Child Death Review Board has completed their review of calendar year 2002 child deaths. The findings are contained in their 2004 Report which will be published later this year. A copy of the full report can also be found at: <http://www.ksag.org/Files/CDRB/AnnualReport2004.pdf>



"You Can Help Prevent Child Abuse" (EM705663)B English, (EM706203)B Spanish This booklet provides a comprehensive yet accessible overview of child-abuse prevention basics. It specifies what to do if abuse is known or suspected, and helps readers detect abuse with a clear description of different forms of abuse, causes, risk factors, effects, and signs of abuse. 32 pages, 5 1/2" x 8"

"Reporting Child Abuse: A Guide For Professionals Working With Children & Families" (EM705941)B. This resource is invaluable to an effective abuse-prevention effort because it helps professionals who are in frequent contact with children and families recognize signs of possible child abuse, and determine whether or not they should file a report. It provides guidance on the do's and don'ts of talking with children and with parents, and how to help families under stress locate sources of support. 32 pages, 5 1/2" x 8"

Both reports can be found at: <https://secure.channing-bete.com/cgi-bin/WebObjects/ecommerce.wa/promotion?p=4&code=B001J>



The National Survey of Children with Special Health Care Needs: Chartbook 2001 reports results of a survey on the prevalence of special health care needs (SHCNs) among

children and adolescents ages 17 and younger. The survey, sponsored by the Maternal and Child Health Bureau and carried out by the National Center for Health Statistics, represents the first source of both national- and state-level data on the size and characteristics of the population of children and adolescents with SHCNs. It is available at <http://www.ask.hrsa.gov/saverecord.cfm?id=MCH00139&address=http://mchb.hrsa.gov/chscn>.

The Fall 2004 issue of *The Future of Children*, titled **Children of Immigrant Families**, examines the strengths and challenges that set children of immigrant families apart from the mainstream population. The journal, published by the David and Lucile Packard Foundation, includes articles that summarize research on demographic shifts, economic and labor market trends, and child health and development. The journal is available at http://www.futureofchildren.org/pubs-info3775/pubs-info.htm?doc_id=240166.



A new Commonwealth Fund-supported webcast--**Child Development: The Science and Practice of Catching Problems Early**--reviews the scientific basis for early child development screening, describes screening tools, and discusses the role that such efforts play in the delivery of high-quality pediatric care. You can view an archive of this webcast, which is available free of charge. Medscape has certified this program for up to one hour of continuing medical education (CME), which pediatricians, family physicians, and other clinicians may obtain by filling out a test and evaluation at the end of the webcast. Continuing education (CE) credit for nurses will be available as well. Webcast url: <http://www.medscape.com/viewprogram/3513>



ZIPS: Adolescent Health

*The body is like a piano, and happiness is like music.
It is useful to have the instrument in good order.*

- Beecher

MMWR

Behind the surge in girl crime.

FBI arrest statistics show an increase in the number of violent offenses committed by girls. But while arrests and violence among girls may be on the upswing, researchers say the statistics may overstate the problem. Researchers say three changes in practices and policies are contributing to the high arrest rates: (1) the re-labeling of status offenses such as running away from home and truancy, which are sometimes put in the violent offenses category, (2) the increase of "zero tolerance" policies in schools, which send more offenses into the system, and (3) the growing awareness among the media and policy makers of girls' violence. Some researchers say the rising statistics may not tell the whole story, pointing to recent CDC reports that show a decrease in physical fights among girls. For more information, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5329a1.htm>

The Washington Post

Household Medicine Abused by The Young. From acid to ecstasy, patterns of substance abuse have evolved with the times, and in recent years, illicit use of prescription and over-the-counter drugs has soared among a certain demographic – mostly suburban, mostly young and mostly middle class, according to researchers. They get the drugs through the Internet, at school and from their parents' medicine cabinets. The data, to some, are startling. Prescription drugs are now second only to marijuana as a category of illicit substance abused by teenagers, according to the 2003 National Survey on Drug Use and Health. The number of teenagers calling into poison control centers nationwide about cough medicine abuse has doubled in four years. The motivation is often boredom and a sense of rebellion – not unlike what motivated drug users of their parents' generation, according to interviews with more than a dozen Washington area high school students and an equal number of college students from across the country. Most

spoke on the condition of anonymity for fear of repercussions from their parents and their schools. For more information go to this site: <http://www.washingtonpost.com/wp-dyn/articles/A16328-2004Oct7.html>

President Signs Youth Suicide

Prevention Law. A bill passed by both the House and Senate became law October 21, when President Bush signed the Garrett Lee Smith Memorial Act, which authorizes funds to states for statewide efforts by public and private nonprofit organizations to develop early intervention and prevention strategies for reducing youth suicides. In finding the need for federal aid, Congress noted that more children and young adults between the ages of 10 and 24 die from suicide each year than from cancer, AIDS, birth defects, stroke, and chronic lung disease combined, and that the rates of suicide have increased in recent years. "Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities." Funds to implement the new law have not yet been appropriated by Congress.



Protecting Adolescents: Ensuring Access to Care and Reporting Sexual Activity and Abuse

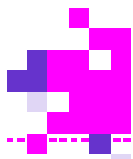
presents guidance and principles in the development of public policy concerning adolescents' access to health services, including sexual and reproductive health services. The position statement, published in the November 2004 issue of the Journal of Adolescent Health, was developed jointly by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine. The statement includes supporting commentary on state requirements for reporting sexual abuse and sexual activity, the number of sexually active adolescents, communication between adolescents and health professionals, clinical assessment of sexual

abuse and sexual coercion, access to confidential health care, and legal requirements and interpretation of laws that may impede provider/patient relationships. *Protecting adolescents: Ensuring access to care and reporting sexual activity and abuse.* Journal of Adolescent Health 35(5):420-423. <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X04002009.pdf>

Improving the Health of Adolescents & Young Adults: A Guide for States and Communities

provides guidance and a framework for planning and implementing programs for healthy adolescents and young adults. The guide extracts Healthy People 2010 objectives that are key to the health of adolescents and young adults. It is intended for use by agencies and organizations in assessing needs and assets, establishing priorities, taking collective action, measuring progress toward shared goals, and taking advantage of the synergy that results when state- local- and community-level programs are in synchrony with national goals. The guide is available at <http://nahic.ucsf.edu/index.php/companion/index>.

Preventing HIV, STD, and Teen Pregnancy in Schools: Strengthening State Health and Education Agency Partnerships summarizes a July 2003 regional stakeholders meeting that aimed to strengthen collaboration between state departments of education and health to improve HIV, STD, and adolescent pregnancy prevention in schools. The two-day meeting brought together state teams of health and education agency staff to articulate a shared vision, describe state program assets, identify challenges, and name collaborative strategies. The report provides a summary of the meeting process and proceedings and samples of participants' shared experiences. The report is available at <http://www.amchp.org/aboutamchp/publications/rsm%20report.pdf>.



(Continued from page 1)

number of deaths in Kansas, the total number of deaths due to overweight and obesity (body mass index ≥ 25 kg/m²) in Kansas is estimated as 4,145 deaths. *Sources: Mokdad A.H., Marks J.S., Stroup D.F., Gerberding J.L. Actual Causes of Death in the United States, 2000. JAMA. 2004;291(10):1238-1245. 2003 Vital Statistics data, Center for Health & Environmental Statistics, Kansas Department of Health & Environment*

• Cost of Obesity in Kansas:

The estimated annual total direct medical cost attributed to obesity (body mass index ≥ 30 kg/m²) among adults in Kansas was \$ 657 million. This accounts for 5.5 percent of all medical expenditures.

The estimated annual Medicare expenditures (direct medical cost) attributed to obesity (body mass index ≥ 30 kg/m²) among adults in Kansas were \$ 138 million. This accounts for 6.4 percent of all medical expenditures.

The estimated annual Medicaid expenditures (direct medical cost) attributed to obesity (body mass index ≥ 30 kg/m²) among adults in Kansas were \$ 143 million. This accounts for 10.2 percent of all medical expenditures (estimate is based on small sample size).

All above-mentioned direct medical cost estimates attributable to obesity were developed using data from primary data sets that include: 1998 Medical Expenditure Panel Survey (MEPS) data set, 1996 & 1997 National Health Interview Surveys (NHIS) data sets and 1998-2000 Behavioral Risk Factor Surveillance System (BRFSS) data sets. *Source: Finkelstein E.A., Fiebelkorn I.C., Wang G. State-level estimates of annual medical expenditures attributable to obesity. Obesity Research. 2004;12(1):18-24.*

Disparities in the Burden of Obesity

• Disparity among adults:

Although the prevalence of overweight and obesity is high across all population subgroups in Kansas, the burden disproportionately affects persons of racial and ethnic minority groups as well

as the economically disadvantaged.

While an estimated 57 percent of non-Hispanic white adults are at least overweight, an estimated 65 percent of both non-Hispanic African Americans and Hispanics are at least overweight.

• Disparity among children served by WIC, by race/ethnicity

15.2 percent of young Hispanic children are overweight (BMI >95 th percentile for age and sex).

13.5 percent of young American Indian children are overweight (BMI >95 th percentile for age and sex).

12.1 percent of young White children are overweight (BMI >95 th percentile for age and sex).

11.9 percent of young Black children are overweight (BMI >95 th percentile for age and sex). *Source: PedNSS, 2003*

Community-based Strategies to Address Obesity

- Ensure daily physical education for all school grades
- Ensure healthful food options on school campuses
- Make community facilities more available for physical activity
- Create more physical activity opportunities at work sites
- Reduce time spent watching television and other sedentary behaviors
- Educate expectant parents about the benefits of breastfeeding
- Change perceptions of obesity to focus on health—not on appearance
- Education health care providers—and health profession students—on the prevention and treatments of obesity
- Educate families on strategies for healthful eating and physical activity

KDHE Program Initiatives

- Kansas LEAN (Leadership to Encourage Activity and Nutrition) Campaign on Nutrition and Physical Activity
- Chronic Disease Risk Reduction Grants to 45 local health agencies
- 5ADay Campaign (promoting consumption of fruits and vegetables)
- WIC Sunflower Foundation grant: study of nutrition education and physi-

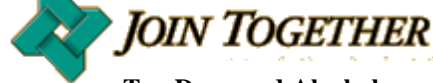
cal activity strategies

- WIC Breastfeeding peer counselor program
- WIC on the Rainbow Road: nutrition education and physical activity curriculum
- Breastfeeding promotion and support through WIC and MCH programs
- WIC physical activity kits: lessons, handouts and samples of low cost/no cost physical activity resources
- Kansas Council on Fitness: facilitate statewide initiatives of the Council, including Kansas Kids Fitness and Safety Day
- Coordinated School Health Program: initiatives focused on physical activity, nutrition and obesity
- Statewide survey to establish baseline measures of childhood risk of overweight (K-CHAMP)
- Technical Assistance Award from the Partnership For Prevention to develop recommendations for using employee benefits design to influence health behaviors related to tobacco use, physical activity and nutrition.
- Healthy Kansans 2010 Planning Process grant (recently awarded)
- Technical assistance award for a team from Kansas to attend the *National Governor's Association Policy Academy on Chronic Disease Prevention and Management* (state objectives for nutrition, physical activity and tobacco use were developed)

--Submitted by the Kansas Department of Health and Environment, Office of



By Anne R. Carey and Keith Carter, USA TODAY
Source: American Dietetic Association/ConAgra Foods



Ten Drug and Alcohol Policies That Save Lives. Community leaders across the country are grappling with problems caused by drug and alcohol use. Everyone wants to know: What really works? What policies are the most effective in preventing and treating these problems? How can we save lives? These questions are especially important for elected officials. But too many politicians call for policies that won't work, and too few even know that proven strategies exist. Every candidate for public office ought to know there are better ways to prevent alcohol and drug problems than punishing people who have a disease. *Join Together*, a project of the Boston University School of Public Health, has created a new publication that answers this crucial question. *Ten Drug and Alcohol Policies That Will Save Lives* draws on strong scientific research to make a concise but persuasive case for policy measures that are proven to have a positive effect. The publication can be downloaded using the following link: <http://www.jointogether.org/sa/files/pdf/10policies.pdf>



The Kaiser Commission on Medicaid and the Uninsured hosted a

briefing on Monday, Sept. 27, to discuss findings from a new report on trends in health coverage from 2000-2003. The report author, John Holahan of The Urban Institute, presented the factors contributing to the 5 million person increase in the uninsured population during the period. Jeanne Lambrew of George Washington University and Gail Wilensky of Project HOPE provided perspectives on the implications of the findings for health coverage expansion proposals to cover the nation's uninsured population. The materials and a webcast of the briefing are available at: <http://www.kff.org/uninsured/kcmu092704pkg.cfm>

Health Fair Hints: Make your health fair a hit with these great handouts from the National Heart, Lung, and Blood



Institute (NHLBI). Here are three easy-to-read materials that are proven winners. One teaches heart attack survival skills, another encourages regular blood pressure monitoring, and the third features some delicious heart-healthy recipes. Order enough to keep on hand for giving out year round. Check these out at: <http://email.nhlbihin.net/product2.asp?source=&sku=5062>



CDC Lists Diseases Transmitted through Food Supply:

In a required annual report, the Centers for Disease Control and Prevention (CDC) listed the infectious and communicable diseases that are transmitted through handling the food supply. For more information visit: http://www.healthinschools.org/2004/oct04_alert.asp. In response to this situation, KDHE is passing along interim recommendations for influenza vaccination issued by CDC and its Advisory Committee for Immunization Practices (ACIP) for the 2004-2005 flu season. These interim recommendations take precedence over earlier recommendations:

Who should get vaccinated with the flu shot this season:

- All children ages 6-23 months (Aventis is producing enough pediatric vaccine for this group)
- Adults 65 years and older
- Persons age 2-64 with underlying chronic medical conditions
- All women who will be pregnant during influenza season
- Residents of nursing homes and long term care facilities
- Children ages 6 months - 18 years on chronic aspirin therapy
- Health care workers with direct patient care, and
- Out-of-home caregivers and household contacts of children ages 6 months and

older.

Other vaccination recommendations:

- Healthy persons who are age 5-49 and not pregnant, including healthcare workers (except those who care for severely immuno-compromised patients in special care units) and persons caring for children under 6 months should be encouraged to be vaccinated with intranasally administered live,attenuated influenza vaccine.
- Persons in priority groups identified above should be encouraged to search locally for vaccine if their usual healthcare provider does not have vaccine available.
- Many children under age 9 require two doses of vaccine if they have not previously been vaccinated. All children at high risk of complications from influenza, including those age 6-23 months, who present for vaccination, should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that two doses will be available. Rather, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-served basis.



While flu is the infectious disease currently in the news, less common infections can also be a concern at school. CHHCS has posted a summary of **key facts about meningitis**. In addition to information on disease types, prevention and treatment, the document contains links to several state guidelines for school policies. Please visit: <http://www.healthinschools.org/sh/meningitis.asp>

2nd Annual Public Health Nurse Conference – with this year adding sessions for *Maternal Child Health Staff!!!!* The conference will be held at the Airport Hilton Hotel in Wichita, Kansas on May 3-5th, 2005. Save the date! More information about the conference will be available soon.

ZipS: School Health

*In nothing do men approach so nearly to the Gods,
as in giving health to men.*

- Cicero



The Kansas Coordinated School Health Initiative is live!!! Visit their Web site at: <http://www.kshealthykids.org/>

**INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES**

Schools Can Play a Role in

Preventing Childhood Obesity. In 2000, 53.2 million students were enrolled in public and private elementary and secondary schools in the United States. Research suggests that children today are spending more of their time away from home in school, afterschool programs, or daycare. Several large-scale school-based intervention studies demonstrate that changes in the school food environment can impact students' dietary choices and improve the quality of their diets while at school. They recommend that schools provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity. Here are some suggestions:

- Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools.
 - Ensure that all school meals meet the Dietary Guidelines for Americans.
 - Ensure that all children and youth participate in a minimum of 30 minutes of moderate to vigorous physical activity during the school day, including expanded opportunities for physical activity through classes, sports programs, clubs, lessons, after-school and community use of school facilities, and walking and biking to-school program.
 - Enhance school health curricula and the use of school health services for obesity prevention efforts;
 - Ensure that schools are as advertising-free as possible.
 - Conduct annual assessments of students' weight, height, and body mass index and make that information available to parents.
 - Assess school policies and practices related to nutrition, physical activity, and obesity prevention.
- For more information, visit: <http://www.kshealthykids.org/>

iom.edu/Object.File/Master/22/615/0.pdf



Health and Health Care in Schools.

In this issue: Preventing Childhood Obesity * Child Health: A Progress Report * What the Party Platforms Say about Health * How Good Are the Best Adolescent Substance Abuse Treatments? * Teen Drinking Found Stable at High Levels. To view this information visit: <http://www.healthinschools.org/ejournal/ejournal.htm>



School Guidelines for Managing Students with Food Allergies

and guidelines for use in emergency shelters are available online from the Food Allergy and Anaphylaxis Network (FAAN) at <http://www.foodallergy.org>. A limited number of free School Food Allergy Program kits are also available on request of a school nurse. The kit includes a video, an EpiPen trainer, a poster and manual with standardized forms. You can find information for the kit at the FAAN Web site listed above.



Congress Encourages States to Allow Students to Self-Medicate for

Asthma, Anaphylaxis: Before recessing for the November elections, the United States Senate Oct. 11 approved by unanimous consent and without debate a bill passed earlier by the House that gives preference for federal asthma-related grants to states that allow students to self-medicate for asthma or anaphylaxis. For more info view: http://www.healthinschools.org/2004/oct13_alert.asp



"A Call for Quality Afterschool Programs in Kansas" The Kansas Children's Campaign Out-of-School Task Force, in collaboration with the Kansas

Enrichment Network, has released a report on after school programs in the state. The report examines the important role that after school programs play in keeping kids safe, improving academic achievement, and helping working families. It also

offers several recommendations on how quality programs can be sustained and implemented throughout the state. The full report and executive summary may be found on the Kansas Children's Campaign Web site, <http://www.ks4kids.com/>



Health, Mental Health and Safety Guidelines for

Schools is an online compendium designed to help community and school leaders determine the breadth of school health, mental health, and safety issues and set priorities for future action. The compendium is intended for use by school administrators and others who play a role in the assessment, planning, or improvement of school health and safety programs or in advocacy efforts related to school health and safety programs. It is available at: <http://www.nationalguidelines.org/>.



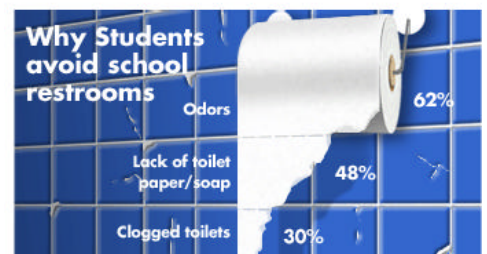
"Schools Urge Good Hygiene to Control Flu"

<http://abcnews.go.com/Health/wireStory?id=184684>



Criteria for Evaluating

School-Based Approaches to Increasing Good Nutrition and Physical Activity is a comprehensive tool for evaluating school-based approaches to increasing children's physical activity and improving nutrition. The executive summary is available at http://www.actionforhealthykids.org/docs/specialreports/exec_small.pdf, and the full report is available at http://www.actionforhealthykids.org/docs/specialreports/report_small.pdf.



By Anne R. Carey and Kevin Kepple, USA TODAY
Source: Kimberly-Clark Professional



Zips: Events and Resources

Every day in every way, I am getting better and better.

- Emile Coue'



Publications may be viewed and downloaded at the Office of **Juvenile Justice and Disease Prevention's**

(OJJDP's) Web site: <http://www.ojp.usdoj.gov/ojjdp>. Print publications may also be ordered from the Juvenile Justice Clearinghouse (call 800-851-3420 or order online at puborder.ncjrs.org).

• **Assessing the Mental Health Status of Youth in Juvenile Justice Settings.**

Presents the results of a study that used the Voice DISC, a self-administered version of the Diagnostic Interview Schedule for Children (DISC), to screen for psychiatric disorders in youth newly admitted to juvenile correctional institutions. Bulletin. August 2004. NCJ 202713.

• **Disproportionate Minority**

Confinement: 2002 Update. Provides a concise picture of developments in addressing disproportionate minority confinement (DMC) at the national, state, and local levels during the past 5 years. Summary. September 2004. NCJ 201240.

• **Juvenile Arrests 2002.** Summarizes and analyzes national and state juvenile arrest data presented in the FBI's report Crime in the United States 2002.

Bulletin. September 2004. NCJ 204608.

• **Juvenile Justice Journal, Vol. IX, No. 1 (Causes and Correlates Issue).**

Focuses on research that assesses how and why children become delinquent. Journal. September 2004. NCJ 203555.

• **Trends in the Murder of Juveniles:**

1980-2000. Draws on statistics from the FBI's Uniform Crime Reporting Program—in particular, supplementary homicide report data—to analyze trends in the murder of juveniles between 1980 and 2000. Bulletin. September 2004. NCJ 194609.



Women's Sports Foundation - Support for Sports and Physical Activity Programs for Girls
The goal of the GoGirlGo!

Grant and Educational Program, sponsored by the Women's Sports Foundation, is to maximize the use of sports and physical activity to enhance the wellness of girls. The grants will

provide funds to support sports and physical activity programs seeking to add new or expanded program participation opportunities for an underserved population of girls, particularly economically disadvantaged girls and girls from populations with high incidences of health-risk behaviors.

Application deadline: Nov. 30, 2004 For more information and complete program description, please visit <http://www.womenssportsfoundation.org/cgi-bin/iowa/funding/featured.html?record=30>



Resources to Encourage Smoking Cessation in the Work Place.

The Great American Smokeout takes place on Nov. 18, 2004, in support of all those who wish to quit smoking. Many organizations and individuals become involved on this day to commit or recommit themselves to the task of smoking cessation. For more information about starting a successful smoking cessation program for employers and for other smoking cessation information, go to: <http://www.tobaccofreeoregon.org> ; <http://www.americanheart.org> ; <http://www.lungusa.org> ; <http://www.cdc.gov/tobacco/> and <http://www.nci.nih.gov> .

Iowa's Center for Agricultural Safety and Health, the Great Plains Center for Agricultural Health and The Roy J. and Lucille A. Carver College of Medicine, The University of Iowa are joining together to co-sponsor the **Midwest Rural and Agricultural Safety and Health Forum** on Nov. 18-19, 2004 at the Holiday Inn, in Coralville, Iowa. The focus of the forum is "Creating Partnerships for Agricultural Health and Safety Policy ". Chuck Fluharty, Director of the Rural Policy Research Institute will give the Keynote address on Thursday Nov. 18 on "Community-based Rural Policy."

Conference registration materials are available at: <http://www.public-health.uiowa.edu/icash/>

Also, be sure to remember the **Kansas Tobacco Quit Line: 1-866-KAN-STOP.**



Responding to Terrorism: Roles and Responsibilities – of health, emergency medical, fire service, and law enforcement professionals will be a conference that is will be held on three dates and locations:

November 18-19th – Overland Park Convention Center – Overland Park

December 1-2nd – Holiday Inn – Hays

December 9-10th – Hyatt Regency Hotel – Wichita

For more information visit: <http://www.kansas-antiterror.org>

Child Advocacy Day – will be held at the Ramada Inn Downtown in Topeka, Kansas on Tuesday, Feb. 22, 2005. Conference info will be made available mid-fall and conference information is available year-round at <http://www.kac.org>

3rd Annual Statewide Kansas

Fatherhood Summit Conference – will be held in Wichita, Ks., with the location to be announced soon!! The dates for this conference are April 21-22, 2005.



Nurse Net Central is a Web site that contains a host of great features

and functionality. It offers an ask the experts section called Experts Corner, message boards, forums, salary surveys, articles, links, and job postings. Membership is free. All visitors are welcome. Visit them at: <http://www.nursenetcentral.com>



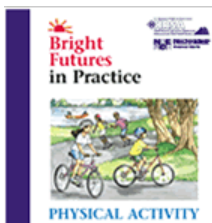
"Progress has not been made toward meeting the national health objectives for 2010 related to PE [physical

(Continued on page 9)



Zips: Events and Resources

education]," state the editors of a report published in the Sept. 17, 2004, issue of *Morbidity and Mortality Weekly Report*. Two of the Healthy People 2010 objectives are (1) to increase to greater than 50 percent the proportion of adolescents who participate in daily school PE and (2) to increase to greater than 50 percent the proportion of adolescents who spend at least half of school PE class time being physically active. The report examines changes in PE class participation among high school students in the United States from 1991 through 2003. The authors conclude that "if the national health objectives are to be achieved, coordinated efforts involving schools, communities, and policymakers are needed to provide daily, quality PE for all youth." Lowry R, Brener N, Lee S, et al. 2004. *Participation in high school physical education -- United States, 1991-2003. Morbidity and Mortality Weekly Report* 53(36):844-847; available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5336a5.htm> or <http://www.cdc.gov/mmwr/PDF/wk/mm5336.pdf>.



More information about **physical activity in children and adolescents** is available on the Bright Futures Web site at <http://www.brightfutures.org/physicalactivity/about.htm>. Information is also available on the MCH Library's knowledge path, Physical Activity and Children and Adolescents, at http://www.mchlibrary.info/KnowledgePaths/kp_phys_activity.html.



The **Father Factor** is a good Web site resource that is now available to those interested in up-to-date fatherhood information. Visit the National Head Start Training and Technical Assistance Resource Center at: <http://www.hsnrc.org>



"**Positive Change -- Managing Financial Stress**" offers our programs and the

families fortunate enough to receive a copy:

- practical tips on spending wisely, conserving energy, and following a budget
- easy-to-use stress-management techniques
- guidance on how to help children understand why their family is experiencing temporary hardship
- strategies for keeping families strong when times are tough
- a concise, quick-reading 10-panel format.

To learn more visit: <https://secure.channing-bete.com/cgi-bin/WebObjects/ecomm.woa/wa/pro motion?p=4&code=B001H>

MMWR Methodology of the Youth Risk Behavior Surveillance System (YRBSS) describes the background and rationale for YRBSS and includes a detailed description of the methodological features of the system. The report, published in the Sept. 24, 2004, issue of *Morbidity and Mortality Report: Recommendations and Reports*, is the first comprehensive description of the system and its methodology. The report includes information on the system's questionnaire, operational procedures, reports and publications, and data quality. The system monitors priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among students in grades 9 through 12 in the United States. The report is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5312a1.htm>.



For a useful document and resource to prevent the spread of disease visit: <http://www.cdc.gov/flu/school/> Look for the "Stop the Spread of Germs, Action for Schools" information.

Time to start preparing for the **5th Annual Youth Leadership Forum**. This year's forum will be held on June 14-18, 2005 at Washburn University in Topeka. If you are interested in participating as a delegate or volunteer, please fill out the corresponding

The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.

- Benjamin Disraeli

application on the KSYLF Web site: <http://www.ksylf.org>.

To be eligible for the KS Youth Leadership Forum, students must:

- Reside in Kansas
- Have a disability (as defined by the Americans With Disabilities Act)
- Be in the 11th or 12th grade
- Have demonstrated leadership potential in school and the community.



The Coordinated School Health Program Model

The eight key components of the Coordinated School Health Program are:

1. **A Healthy School Environment:** School buildings and the area surrounding them are safe, secure, and conducive to learning.
 2. **Comprehensive Health Education:** A PreK- 12 curriculum that addresses the physical, mental, emotional and social dimensions of health.
 3. **Physical Education:** A PreK-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas.
 4. **School Health Services:** Services provided for students at school or in school-linked clinics by qualified health personnel.
 5. **School Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students.
 6. **School Counseling and Psychological Services:** Services to improve students' mental, emotional, and social health and remove barriers to students' academic success.
 7. **Health Promotion for School Staff:** Opportunities for school staff to improve their health status and morale.
 8. **Family and Community Involvement:** The school health program is enhanced with an integrated school, family, and community approach.
- For more information, visit the Kansas Coordinated School Health Initiative's Website: <http://www.kshealthykids.org/>